

INFORMATION SUMMARY

Per Interviewer: **Basic Intake: book SU / Intake to be reviewed by:**_____

Complete and return this questionnaire to our office with the additional information as noted below. This information is used to prepare your documents, and an appointment to sign-off the documents will be booked when the questionnaire and all attachments are remitted.

if a question does not apply to your situation, ***please indicate by answering "n/a"***.

To be remitted with the completed forms:

- Photo identification such as BCDL, BCID, Passport, Landed Immigrant (we will copy)
- All credit cards (if filing bankruptcy)
- Initial CASH deposit in the amount of **\$150 for bankruptcy** or **\$_____ for consumer proposal**
- Copy of last personal income tax return filed and if available and Notice of Assessment
- Copy of last 2 months bank statements for all accounts.
- Copy of current and prior month's pay stubs, or other confirmation of income/deductions
- Copies of statements for any secured loans, such as Mortgages, Line of Credit, Leases, or Loans stating current debt and a current valuation of secured asset(s) _____
- Any documents regarding ongoing legal action(s) that you are involved in, such as Writs, Judgments, Garnishees, Wage Assignments, Marriage Settlements, Child Support Agreements etc.
- Copy of registration for all vehicles; cars, trailers, ATV, boats et cetera (ICBC registration OK)
- Documentation for assets such as: Life Insurance Policy (need to confirm named beneficiary), RRSP with total value and detailing contributions in the last 12 months, GIC, Term Deposit, RESP statement detailing contributions, TFSA, CSB, Investments, Shares, stocks, bonds, etc.
- Statements / invoices to support creditor balances (current credit card statements etc.)
- If self-employed – **Sole Proprietor**: financial statements (**General Ledger preferred**) of current year for all businesses in operation. For inactive business provide copy of **Final General Ledger/Tax return** information.
- If self-employed – **Limited Company**: financial statements (**General Ledger preferred**) of current year for all businesses owned, plus **copy of T2 Corporate return** from last year filed with CRA.

Preferred appointment day/time: _____

C.E. Craig & Associates Inc.

Licensed Insolvency Trustee

204-2736 Quadra Street

Victoria, BC V8T 4E6

Phone: (250) 386-8778, Fax: (250) 386-6864

Email: admin@cecraig.com, Website: cecraig.com

Sign-up Booked: _____

Retainer \$_____ **Receipt #**_____ **By**_____

Admin. Type: SA OA Div II (CP) NOI Div I

Joint estate? Yes / No **Related estate (spouse/joint debtor?):** _____

Retainer and fee schedules

Bankruptcy (Summary Administration)

Bankruptcy is a legislated repayment plan wherein the trustee realizes upon your non-exempt assets, surplus income as calculated using Federal Guideline amounts, and personal tax refunds. The total amount collected by the trustee will vary from file to file. The trustee’s fees, taxes, and costs will be paid out of these funds.

However, in the event that your assets/income/tax refund are insufficient to cover the trustee’s costs, you, the bankrupt, will be responsible for payment to the trustee in the amount of \$1,785, or portion of this amount not covered by assets.

In General, minimum payments are as follows, yet may be adjusted if assets redeemed or tax refunds received:

Note: Tax refunds are assets and will be paid directly to the trustee by Canada Revenue Agency. They may not be applied to surplus income payable or repurchase of non-exempt assets.

1st time bankrupt MINIMUM \$1,770 payable as a retainer of \$150, plus 9 monthly payments of \$180

2nd and/or 3rd time bankrupt: MINIMUM \$2,000; payable as \$150, plus 22 monthly payments of \$85

Your individualized and detailed payment plan will be outlined at your signing appointment.

Bankruptcy (Ordinary Administration) If realization of non-exempt assets will exceed \$15,000

Retainer \$500 due upon remittance of forms and scheduling of signing appointment.

As the trustee anticipates realizing over \$15,000 from non-exempt assets/surplus income, the costs will be paid out of the funds received and held in the estate.

Note: Surplus income is payable in addition to amounts received for non-exempt assets and tax refunds.

Consumer Proposal (incl of HST)

Total proposed payments inclusive of fees and taxes: \$_____ @ \$_____/ month for ____ months

RETAINER FEE \$_____ (due upon remittance of forms and scheduling of signing appt.)
30-days from filing date \$_____

In the event the consumer proposal is rejected by the creditors, or withdrawn prior to the expiration of the voting period, the minimum payment to C. E. Craig & Associates Inc. is a \$100 registration fee and \$750 preparation fee, plus applicable taxes. Payment in full will be due within 30 days of the rejection or withdraw.

If accepted by the creditors at the expiration of the 45-day period, or accepted at a meeting of creditors, then the above retainer and subsequent payment will be included in the total payable.

Notice of Intention/Division I Proposal (Corporate filing, or if Personal, debts over \$250,000)

Retainer of \$2000 - Payment of \$500 due upon remittance of forms and scheduling of signing appointment. \$500 then payable within 30-days of filing. Upon Court Approval of the Proposal, the remaining \$1000 is due. The amounts paid constitute part of the trustee fees / taxes / costs as outlined in a Proposal

PERSONAL INFORMATION

First Name: _____

Middle Name(s): _____

Last Name: _____

Title: Mr. Mrs. Miss Ms. Dr.

Date of Birth YY/MM/DD ____

S.I.N _____

Gender: M / F

All previous names: _____

Language: English / French / both

also known as: _____

Marital Status: _____

as of (date) _____

Number of persons in household: _____

Household number under 18 yrs old: _____

Causes of Insolvency (time period / events that occurred to generate the debt and why unable to service):

Address: _____ RR#/Postal Station _____

City: _____ Province _____ Postal Code _____

Home Phone: () _____ Fax: () _____

Cellular: () _____ Pager () _____

Email: _____ Bus/Work () _____

At this address since: _____ (please provide date)

Mailing Address (if different from residence) _____

Occupation/Trade: _____ or EI, Disability, Social Assistance, Retired

Present Employer: _____ (circle above if applicable)

Employed Since: _____ (please provide date)

Address of Employer: _____ City _____ Prov _____

Self Employed in Last Five Years? Yes / No. If yes, fill in details on following pages.

PRIOR BANKRUPTCY or CONSUMER PROPOSAL

Have you been bankrupt before? Yes No

Have you filed a Proposal before? Yes No

If yes, complete the following and provide a copy of your Discharge Certificate or Certificate of Compliance:

Date of Bankruptcy/Proposal: _____ City / Province: _____

Name of Trustee: _____ Discharge Date: _____

Spouse First Name: _____ Spouse Last Name: _____

Date of Birth YY/MM/DD _____ S.I.N _____

Gender: M / F Also Known As: _____

Marital Status: _____ Status as of: _____

Language: English / French / both Employment/Occupation: _____

Same address as debtor? Yes / No If no, address/phone: _____

Employer: _____

PERSONAL INCOME TAX INFORMATION

Last taxation year filed: _____ Please circle result *refund / balance owing*. How much \$ _____

Dependents that rely on you for financial support (include spouse if applicable):

Name	Relationship	Date of Birth	Address (only if different)	Income since January 1

List all types, sources and amount of income from January 1st:

Income Type (employed, EI, Pension, Disability, Assistance, Support)	Income Source	City/Province (if employed)	Start date	End Date	Income since January 1

Emergency Contact
(name/address/phone): _____

IF PREVIOUSLY MARRIED, Is there a written separation agreement/divorce order? Yes No
 Are you presently required to pay alimony or child support? Yes No Monthly amount: \$ _____
 If yes, name of former spouse and date of separation: _____

Have you made any marriage settlement of property or other assets within the last five years?
 Yes No If yes, please provide details: _____

BUSINESS / SELF EMPLOYMENT INFORMATION

All accounting records of the business are to be turned over to Trustee.

If listing more than one business, state details on a separate page for each.

Type of Business (please circle): *Limited Company* *Sole Proprietorship* *Partnership*

Business Partners: Yes No If yes, provide details of all business partners in the last 5 years:

Name	Contact information	Time period

Business Details:

Legal Name		Trade Name (DBA)	
Charter		Nature of business	
Registration No.		Business No.	
Inception date		Fiscal Year End	
No. of employees (include yourself)		Months in operation	

Is the business insolvent? Yes No

Is the business inactive? Yes No

Personal guarantee for business? Yes No If yes, please provide details below:

Occupation		Debtor is a Director	<input type="checkbox"/> Yes <input type="checkbox"/> No if No
Ownership %		Director (if not debtor):	
Shares (number)		Type of share	Public or Private
Operation start date		Operation end date	

Business contact information: Address: _____

RR# / Station _____ City: _____ Province _____ Postal Code _____

Home Phone: () _____ Fax: () _____

Cellular: () _____ Pager () _____

Email: _____ Bus/Work () _____

BUSINESS / SELF EMPLOYMENT INFORMATION CONTINUED

PST No. _____

PST period last filed _____

GST No. _____

GST period last filed _____

HST No. _____

HST period last filed _____

Payroll No. _____

Payroll period last filed _____

What capital did you invest: \$ _____

Current \$ of shareholder loan: _____

Did you borrow this capital? Yes No If yes, from whom? _____

Name/contact for bookkeeper/accountant: _____

Last T2 (corporate return) or T1 (Sole Prop.) tax year filed: _____

Name/Address of business bank account: _____

Account # / present balance of account: _____

Current assets of the business/location of assets:

Are any assets secured by a creditor? Yes No If yes, what / by who _____

Assets disposed of in the last 12-months (please provide a list):

Current debt total of Ltd. Company: _____

Are your books and records up to date? Yes No If no, to what date? _____

Are draws from business included in a T4? Yes No

Are draws shown in cashbook? Yes No

Are any relatives employed by business? Yes No If yes, who: _____

Are any relative's creditors of business? Yes No If yes, who: _____

Are any relatives customers of business? Yes No If yes, who: _____

Does payroll show all employees/details? Yes No If NO, why: _____

Were T4 slips issued for last year? Yes No If NO, why: _____

If business closed, T4 slip issued to date? Yes No If NO, why: _____

If business closed, ROE issued? Yes No If NO, why: _____

Are source deductions up to date? Yes No If NO, to what date? _____

Are any wages outstanding? Yes No If yes, to who: _____

PERSONAL ASSETS – EXEMPT under Court Order Enforcement Act & Sec 67 of BIA

assets located at residence; _____ or, assets in storage at: _____

List estimated value of items in your possession AT GARAGE SALE / AUCTION PRICES.

Furniture, Appliances, Household Effects (exempt up to \$4,000):

Beds	\$	Table/chairs	\$	Desks	\$
Dressers	\$	Microwave	\$	Computer	\$
Night Tables	\$	Small appliances	\$	Stereo	\$
Cedar chest	\$	Stove	\$	Television	\$
Chesterfields	\$	Refrigerator	\$	Video Camera	\$
Lazy-Boy	\$	Dishwasher	\$	VCR/DVD	\$
Loveseat	\$	Washer	\$	Electronics	\$
Area rugs	\$	Dryer	\$	Games (over \$25)	\$
End tables	\$	Freezer	\$	Antiques	\$
Coffee tables	\$	Air conditioner	\$	Sculptures	\$
Lamps	\$	Vacuum	\$	Fine Art/Paintings	\$
Book case(s)	\$	Patio furniture	\$	Fine China	\$
Dining room set	\$	Lawn mower	\$	Crystal	\$
Hutch/Highboy	\$	Tools	\$	Silver	\$

Total Household goods estimated value \$ _____

Tools of the Trade (exempt up to \$10,000) Detailed list required, may remit on separate paper:

When purchased	Description	Retail price	Resale value	location

Total Tools of Trade estimated value \$ _____

Personal use vehicle / one per person permitted (exempt up to \$5,000) copy of **current registration required.**

Vehicle type circle	Year, make, model and VIN	Secured?	Resale value	location
Car / truck / van / other		Yes / No		
Car / truck / van / other		Yes / No		

RSP / RIF contributions made more than 12 months ago (provide most recent statement)

Held at Institution:	Policy/account #		Current value

Residences have an exemption value of \$12,000 within GVRD, and \$9,000 outside GVRD.

Rental and/or vacation properties do not have any exempt value.

Details of any real property / residential property must be remitted with the forms. These include current appraisal from realtor; BC Assessment; Payout on Mortgage; Penalty to payout; Property Tax Assessment. In the case of RV's and Float homes pictures also required.

Real Property:	PID & Civic address or Serial/Registration #	Secured	Estimated value
House / condo /strata home		Yes / No	
Cottage/ski condo/timeshare		Yes / No	
Bare land / lot		Yes / No	
Float Home		Yes / No	
RV/Trailer/houseboat ONLY if residence:		Yes / No	

Non-Exempt Assets (physical): Fair Market Value to be verified by 3rd party (pawn shop, cash for gold, etc)

If insufficient space for detailed description, attach separate list

Description of assets	Location;	When purchased	Amount Paid	Current value	Valued by:	Valuation date:
Piano:						
Other musical instruments:						
Collections (stamp, coin, comic, Barbie, etc)						
Jewellery (gold, gems/pearls)						
Precious metals (gold/silver)						
Pool Table/Foosball/Air Hockey						
Exercise equipment:						
Ski/Snowboard						
Bicycle / bike trailer						
Camper/Trailer						
Camping equipment						
Canoe/Kayak						
Other:						

Non-Exempt Assets continued: Fair Market Value to be verified by 3rd party (pawn shop, cash for gold, etc)
 If insufficient space for detailed description, attach separate list

Other vehicles & equipment / additional personal vehicle. **Copy of registration and valuation required.**

Vehicle type	Year, make, model and VIN	location	Secured	Current resale value
Motorcycle / dirt bike			Yes / No	
ATV			Yes / No	
Motor home/RV			Yes / No	
Houseboat			Yes / No	
Boat/Trailer/motor			Yes / No	
Sailboat			Yes / No	
Seadoo			Yes / No	
Other:			Yes / No	

Financial/paper assets: copy of recent statement or other confirmation of value required.

Asset type	Institution / acct-policy # /	Secured?	Current value
Cash on Hand/in bank, if over \$2,000)		Yes / No	
Life Insurance		Yes / No	
RRSP contributions in total in last 12 months		Yes / No	
RRSP contributions in last 12 months		Yes / No	
TFSA			
Canada Savings Bonds		Yes / No	
GIC / Term Deposits		Yes / No	
RESP		Yes / No	
Shares in Ltd. Company		Yes / No	
Stocks / Bonds		Yes / No	
Investments / Mutual funds		Yes / No	
Accounts Receivable	<i>Provide a separate list with names, addresses and amounts owing to you.</i>	Yes / No	
Other:		Yes / No	

Provide copies of all relevant documentation including vehicle/boat registration, insurance policies, appraisals, share certificates, etc.

DISPOSITION OF PRIOR ASSETS

In the last 12-months, have you, either in Canada or elsewhere . . .? If yes, provide documentation;

Sold, disposed of, transferred, redeemed/cashed in any property/asset? Yes No If yes, provide details

Made payments in excess of the regular payments/paid off a creditor? Yes No If yes, provide details

Had any property seized, or wages/bank accounts garnished? Yes No If yes, provide details

Do you expect to receive any monies or property not related to your normal income, such as insurance funds, litigation payout, inheritance, gifts, lottery or other windfalls? Yes No If yes, please provide details:

Within the last 5-years, and more than 12-months ago, while being indebted/insolvent, have you:

Sold, disposed of, or redeemed property/assets in excess of \$5,000 Yes No If yes, provide details:

Sold or disposed of, or transferred Real Estate/bare land Yes No If yes, provide details

Made any gifts / transferred property to relative or others (over \$5,000) Yes No If yes, provide details:

Provide copy of documentation (from conveyance lawyer) detailing the sale value, payouts, costs, and net realization to you, of any Real Estate/Land disposed of within the last five years.

LIABILITIES / DEBTS – If insufficient space, continue list on separate paper and attach.

Secured Creditors

(Mortgage/Property tax, Chattel Mortgage, Conditional Sales Contract, car loans/leases)

Joint or Co-signed Yes / No	Creditor / address	Ref / Acct Number	Payout balance	Date secured	Asset secured

BUSINESS ONLY: Preferred and “Super Priority” Creditors for Wages, Source Deductions, CPP, Business Related Rent, Farmers, Fishermen, Aqua culturist)

Creditor / address	Ref / Acct Number	Balance Due	GSA/Lien? Yes / No	Asset encumbered

Un-secured Creditors – (taxes, MSP, credit card, line of credit, overdraft, judgments, and everyone else)

Joint or Co-signed Yes / No	Creditor name and Address	Account #	Balance Due

Joint or Co-signed Yes / No	Creditor name and Address	Account #	Balance Due

Are any debts joint debts with another person? Yes No If Yes, provide details:

Are any of your debts co-signed by a person? Yes No If Yes, provide details:

Are you a co-sign for the debts of another person(s)? Yes No If Yes, provide details:

Are you a Personal Guarantor for debts of a Limited Company? Yes No If Yes, provide details:

Do any of your debts arise from?

- | | |
|---|--|
| Fine/Penalty imposed by Court (restitution) <input type="checkbox"/> Yes <input type="checkbox"/> No | Fraud <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recognizance of bail bond <input type="checkbox"/> Yes <input type="checkbox"/> No | Embezzlement / Misappropriation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Obtaining property by false pretenses <input type="checkbox"/> Yes <input type="checkbox"/> No | Fraudulent misrepresentation <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Defalcation while acting in fiduciary capacity <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you have answered yes to any of the above questions, provide full details to trustee's office.

STATEMENT OF INCOME & EXPENSES (INCOME AFTER MANDATORY DEDUCTIONS)

Provide verification of income (from last month)

- ___ **Employment pay slips**
- ___ **Pensions, social assistance, WCB, provide bank statement**
- ___ **self-employed; provide general ledger or full copy of last year's tax return.**

Check or circle appropriate income schedule:

Income schedule debtor: ___ monthly ___ 15th and 30th ___ every two weeks.

Income schedule spouse: ___ monthly ___ 15th and 30th ___ every two weeks.

Income schedule others: ___ monthly ___ 15th and 30th ___ every two weeks.

Spouse has refused to disclose income Yes No **If yes, reduces Federal Guideline by 50%**

MONTHLY INCOME			
Description	Debtor / Bankrupt	Other members of the family unit	
Net Employment Income	\$	\$	
Pensions	\$	\$	
Disability benefits / WCB	\$	\$	
Employment Insurance	\$	\$	
Social Assistance	\$	\$	
Child Tax Benefits / Universal Child Care	\$	\$	
Self –employment (net of expenses & taxes)	\$	\$	
Other:	\$	\$	
TOTAL MONTHLY INCOME	\$	\$	
TOTAL MONTHLY INCOME OF THE FAMILY UNIT			\$

MONTHLY NON-DISCRETIONARY EXPENSES			
Description	Debtor / Bankrupt	Other members of the family unit	Total
Alimony / spousal support	\$	\$	
Child Support & other ordered amounts	\$	\$	
Child Care (daycare only)	\$	\$	
Medical Condition Expenses / prescriptions	\$	\$	
Conditions of Employment (out of pocket expenses)	\$	\$	
Debts where stay lifted by the Court/Restitution Orders	\$	\$	
Total Monthly Non-Discretionary Expenses	\$	\$	
Total Monthly Non-Discretionary Expenses of the Family Unit			=\$
AVAILABLE MONTHLY INCOME OF THE FAMILY UNIT (family income minus family non-discretionary)			\$

MONTHLY DISCRETIONARY EXPENSES: (all)			
Description	Total	Description	Total
Rent / Mortgage	\$	Haircuts/ grooming services	\$
Property Taxes / Condo fees	\$	Clothing	\$
Heating - Gas / Oil	\$	Other Living Expenses	\$
Telephone / plus internet	\$	Laundry / Dry Cleaning	\$
Cable / Internet / Phone (bundle)	\$	Car Lease / Loan Payments	\$
Hydro	\$	Repair / Maintenance / Gas	\$
Water	\$	Public Transportation	\$
Other Housing Expenses – garbage	\$	Other Transportation cost (parking)	\$
Other Housing Expenses -	\$	Vehicle Insurance	\$
Smoking	\$	House Insurance	\$
Alcohol	\$	Furniture / Contents Insurance	\$
Dining / Lunches / Restaurants	\$	Life Insurance	\$
Entertainment / Sports	\$	Other Insurance Expenses	\$
Gifts / Charitable Donations /Tithing	\$	Other - secured creditor	\$
Allowances	\$	Other Payments – spouse debts	\$
Other Personal Expenses – cell phone	\$	Other Payments – emergency	\$
Other Personal Expenses – pets	\$	Other	\$
Other Personal Expenses -	\$	Other	\$
Dental	\$	Other	\$
Other non-recoverable Medical Expense	\$	Other	\$
Vitamins / Supplements	\$	Other	\$
Food / Grocery / household / toiletries	\$	Bankrupt/Debtor Payment	\$

Total discretionary expenses: \$ _____

I, the applicant(s), hereby certify that the information contained in this form and in documents attached hereto are true, correct and complete in every respect and fully disclose the state of my income, assets and liabilities, located both here and anywhere in the world.

Debtor 1: _____ Date: _____

Debtor 2: _____ Date: _____

I, _____ of C.E. Craig & Associates Inc., reviewed the foregoing statement and to the best of my knowledge and belief all assets and property of the debtor are listed and represents the quantity, descriptions and valuation of all property, goods, and assets of the debtor, at the locations set out herein, as of

(date) _____ Signature (intake): _____ Trustee: _____